DEPARTMENT OF HEALTH SERVICES

1 3rd STREET, ROOM 100 BOX 942732 SACRAMENTO, CA 94234-7320 (916) 322-1086



CMSP Letter No.: 99-17

Issue Date: December 9, 1999

TO: All County Medical Services Program Welfare Directors

SUBJECT: CMSP Eligibility Expenditure Reporting Process

On August 13, 1999, the County Medical Services Program (CMSP) issued CMSP Letter #99-8 which described the new process for counties to report on a quarterly basis their CMSP eligibility expenditures. The new process is very important for the timely analysis of expenditure data and will be used for future changes in the eligibility allocation methodology.

Effective with the first quarter of fiscal year (FY) 1999-2000 (ending September 1999), counties are to report their expenditures to the CMSP 15 days following the county submission of their County Expenditure Claims (CEC).

This letter is to remind CMSP county fiscal staff, who have not yet submitted their FY 1999-2000 First Quarter Report, that it should be returned as soon as possible. As of this date the following 17 counties have not yet submitted their reports:

Alpine	Calaveras	Colusa	Del Norte
Glenn	Humboldt	Imperial	Inyo
Kings	Lassen	Modoc	Nevada
Sierra	Solano	Sutter	Trinity
Yuba			•

Enclosed with this letter is a copy of the CMSP Eligibility Expenditure Report form. Please complete it and fax it to Mr. Gary Varner, at (916) 323-3350, or mail it to:

Office of County Health Services
County Medical Services Program
Attn: Mr. Gary Varner
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

If you have any questions concerning this issue, please direct them to Mr. Gary Varner, at (916) 322-1613.

Linda McFarland, Chief

County Medical Services Program Unit

Enclosure

cc: Mr. Gary Varner

County Medical Services Program
Office of County Health Services
1800 3rd Street, Room 100

P.O. Box 942732

Sacramento, CA 94234-7320

COUNTY MEDICAL SERVICES PROGRAM

ELIGIBILITY EXPENDITURE REPORT FISCAL YEAR 1999-2000

INSTRUCTIONS:	COUNTY:
County Expenditure Claims to the St to determine future expenditure allow Information on line 217 of schedules claimed on this report. This report is	ent to the CMSP each quarter when the county submits its tate Department of Social Services. This report will be used cations as well as reallocations of unexpended funds. a DFA 327.4C and DFA 327.5C should match the amount as due each quarter 15 days following submission of the CEC CMSP Unit, (916) 323-3350, or mailed to:
County Medical Services Office of County Health Attn: Gary Varner 1800 3 rd Street, Room 10 P.O. Box 942732 Sacramento, CA 94234-7	Services 00
1 st QUARTER: date	AMOUNT CLAIMED:
SUPPLEMENTAL CLAIM DATE: _	CLAIM AMOUNT:
2 ND QUARTER:date	AMOUNT CLAIMED :
SUPPLEMENTAL CLAIM DATE:	CLAIM AMOUNT:
3 RD QUARTER:date	AMOUNT CLAIMED:
SUPPLEMENTAL CLAIM DATE: _	CLAIM AMOUNT:
4 TH QUARTER: date	AMOUNT CLAIMED:
SUPPLEMENTAL CLAIM DATE:	CLAIM AMOUNT:
	at the amounts shown above are correct and accurately reflect mitted to the State Department of Social Services on regular Expenditure Claims.

phone number

date

signature/title of person completing report